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15992 U.S. PTO

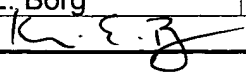
PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	14914US02
		First Inventor	Bindu Rama Rao
		Title	ELECTRONIC DEVICE NETWORK HAVING GRACEFUL DENIAL OF SERVICE
		Express Mail Label No.	EV 331533895 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. <input checked="" type="checkbox"/> Specification [Total Pages <u>31</u>] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>4</u>]	ACCOMPANYING APPLICATION PARTS		
5. Oath or Declaration [Total Sheets _____] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____		
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner: _____ Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number: <u>23446</u> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/type)	Kevin E. Borg	Registration No. (Attorney/Agent)	51,486
Signature		Date	February 19, 2004

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FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.		Complete if Known	
		Application Number	Unassigned
		Filing Date	Herewith
		First Named Inventor	Bindu Rama Rao
		Examiner Name	Unassigned
		Group Art Unit	Unassigned
TOTAL AMOUNT OF PAYMENT	(\$) 644.00	Attorney Docket No.	14914US02

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
FEE CALCULATION			
1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) 1001 770 2001 385 Utility filing Fee 385 1002 340 2002 170 Design filing Fee 0 1003 530 2003 265 Plant filing fee 0 1004 770 2004 385 Reissue filing fee 0 1005 160 2005 80 Provisional filing fee 0 SUBTOTAL (1) (\$)385.00			
2. EXTRA CLAIM FEES Total Claims 44 - 20** = 24 x 8 = 216.00 Independent Claims 4 - 3** = 1 x 43 = 43 Multiple Dependent 0 = 0 Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) Code (\$) Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 **Reissue independent claims over original patent 1205 18 2205 9 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$)259.00			
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)0.00	

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Kevin E. Borg	Registration No. (Attorney or Agent)	51,486	Telephone	312-775-8000
Signature		Date	February 19, 2004		

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